## PART B - FEE(S) TRANSMITTAL

Complete and send this form, together with applicable fee(s), to: Mail

Mail Stop ISSUE FEE Commissioner for Patents P.O. Box 1450 Alexandria, Virginia 22313-1450

(703) 746-4000 or Fax

	NCE ADDRESS (Note: Use Block 1 for	any change of address)	PE	Note: A certificate o	f mailing can only be used f	or domestic mailings of th
20855	7590 04/22/2005		VC.	papers. Each addition	al paper, such as an assignmente of mailing or transmission.	ent or formal drawing, mu
ROBINS & PASTERNAK 1731 EMBARCADERO ROAD			MAY 2 6 2005 2	Certificate of Mailing or Transmission  I hereby certify that this Fee(s) Transmittal is being deposited with the Unite States Postal Service with sufficient postage for first class mail in an envelop addressed to the Mail Stop ISSUE FEE address above, or being facsimil transmitted to the USPTO (703) 746-4000, on the date indicated below.		
			PALO ALTO, CA 94303			
26/2005 GWORDDF2 00000031 10634176			RAUEN	Michelle Hobson (Depositor's name		
FC:1501	1400.00 DP			Much	elle Hobson	
FC:1504 FC:8001	300.00 OP			l™May 24, 20	)05	(Date
APPLICATION NO.	FILING DATE	FII	RST NAMED INVE	NTOR	ATTORNEY DOCKET NO.	CONFIRMATION NO.
10/634,176 08/04/2003			Clifford Teol		8600-0006.01	7120
TITLE OF INVENTION:	NON-OVERLAPPING SPH	ERICAL THREE-DI	MENSIONAL CO	DIL	00-0207CON	
APPLN. TYPE	APPLN. TYPE SMALL ENTITY			PUBLICATION FEE	TOTAL FEE(S) DUE	DATE DUE
nonprovisional NO		\$1400		\$300	\$1700	07/22/2005
EXA	MINER	ART UNIT		CLASS-SUBCLASS		
HO, UYEN T		3731		606-200000	-	
CFR 1.363).  Change of correspondence address (or Change of Correspondence Address form PTO/SB/122) attached.  "Fee Address" indication (or "Fee Address" Indication form PTO/SB/47; Rev 03-02 or more recent) attached. Use of a Custome Number is required.			registered attorney or agent) and the names of up to			
PTO/SB/4/; Rev 03-02	or more recent) attached. Us	e of a Customer			no name is 3	
Number is required.	or more recent) attached. Us	e of a Customer	listed, no name v	vill be printed.	no name is 3	
Number is required.  3. ASSIGNEE NAME AN PLEASE NOTE: Unles	D RESIDENCE DATA TO E	E PRINTED ON TH	listed, no name v E PATENT (print ta will appear on	or type) the patent. If an assig	nee is identified below, the o	
Number is required.  3. ASSIGNEE NAME AN PLEASE NOTE: Unles	D RESIDENCE DATA TO E ss an assignee is identified be in 37 CFR 3.11. Completion	E PRINTED ON THelow, no assignee da	listed, no name v IE PATENT (print at a will appear on a substitute for fili	or type) the patent. If an assig	nee is identified below, the o	
Number is required.  3. ASSIGNEE NAME AN PLEASE NOTE: Unles recordation as set forth  (A) NAME OF ASSIGN	D RESIDENCE DATA TO E ss an assignee is identified be in 37 CFR 3.11. Completion	E PRINTED ON THelow, no assignee da of this form is NOT a	listed, no name value PATENT (print ta will appear on a substitute for filing RESIDENCE: (Cl	or type) the patent. If an assign an assignment.	nee is identified below, the output	
Number is required.  3. ASSIGNEE NAME AN PLEASE NOTE: Unles recordation as set forth (A) NAME OF ASSIGN	D RESIDENCE DATA TO E ss an assignee is identified be in 37 CFR 3.11. Completion NEE E SYSTEMS, INC.	E PRINTED ON TH elow, no assignee da of this form is NOT a (B) I	listed, no name value of the PATENT (print a will appear on a substitute for fill RESIDENCE: (CIAPLE GROV	or type) the patent. If an assigng an assignment. TY and STATE OR CO	nee is identified below, the output	document has been filed f
Number is required.  3. ASSIGNEE NAME AN PLEASE NOTE: Unles recordation as set forth (A) NAME OF ASSIGNED LIFT  Please check the appropria  4a. The following fee(s) ar	D RESIDENCE DATA TO E ss an assignee is identified b in 37 CFR 3.11. Completion NEE  E SYSTEMS, INC. te assignee category or category	E PRINTED ON THelow, no assignee da of this form is NOT a  (B) I	listed, no name value of the PATENT (print the will appear on a substitute for fill RESIDENCE: (CIAPLE GROVE ted on the patent) Payment of Fee(s)	or type) the patent. If an assigng an assignment.  TY and STATE OR CO  E, MINNESOTA  Individual	DUNTRY) Corporation or other private gr	document has been filed f
Number is required.  3. ASSIGNEE NAME AN PLEASE NOTE: Unles recordation as set forth  (A) NAME OF ASSIGNED LIFT  Please check the appropria  4a. The following fee(s) are the set of the se	D RESIDENCE DATA TO E ss an assignee is identified be in 37 CFR 3.11. Completion NEE  E SYSTEMS, INC.  te assignee category or categore e enclosed:	E PRINTED ON THelow, no assignee da of this form is NOT a  (B) I  Pries (will not be print  4b. F	listed, no name value of the PATENT (print the will appear on a substitute for fill RESIDENCE: (CIAPLE GROVED ted on the patent)  Payment of Fee(s)  A check in the	or type) the patent. If an assigng an assignment.  TY and STATE OR CO  E, MINNESOTA  Individual XXC  amount of the fee(s) is e	DUNTRY) Corporation or other private grancelosed.	document has been filed f
Number is required.  3. ASSIGNEE NAME AN PLEASE NOTE: Unles recordation as set forth  (A) NAME OF ASSIGNED LIFT  Please check the appropria  4a. The following fee(s) ar  XX Issue Fee  XX Publication Fee (No	D RESIDENCE DATA TO E ss an assignee is identified be in 37 CFR 3.11. Completion NEE  E SYSTEMS, INC.  te assignee category or categor e enclosed:  small entity discount permitte	E PRINTED ON THelow, no assignee da of this form is NOT a (B) I	listed, no name was the PATENT (print a will appear on a substitute for filing RESIDENCE: (Clark GROV ted on the patent)  Payment of Fee(s)  A check in the payment by creen	or type) the patent. If an assignment.  TY and STATE OR CO TE, MINNESOTA Individual XXC  umount of the fee(s) is e dit card. Form PTO-203	DUNTRY) Corporation or other private granclosed. 8 is attached.	document has been filed f
Number is required.  3. ASSIGNEE NAME AN PLEASE NOTE: Unles recordation as set forth (A) NAME OF ASSIGI  SCIMED LIF  Please check the appropria 4a. The following fee(s) ar  Issue Fee	D RESIDENCE DATA TO E ss an assignee is identified be in 37 CFR 3.11. Completion NEE  E SYSTEMS, INC.  te assignee category or categor e enclosed:  small entity discount permitte	E PRINTED ON THelow, no assignee da of this form is NOT a (B) I	listed, no name was the PATENT (print a will appear on a substitute for filing RESIDENCE: (Clark Grant Control of the patent)  Payment of Fee(s)  A check in the payment by creen	or type) the patent. If an assignment.  TY and STATE OR CO TE, MINNESOTA Individual XXC  umount of the fee(s) is e dit card. Form PTO-203	DUNTRY) Corporation or other private grancelosed.	document has been filed f
Number is required.  3. ASSIGNEE NAME AN PLEASE NOTE: Unles recordation as set forth  (A) NAME OF ASSIGNED LIFT  Please check the appropria  4a. The following fee(s) ar  Issue Fee  Publication Fee (No Advance Order - # of the second of the	D RESIDENCE DATA TO E ss an assignee is identified be in 37 CFR 3.11. Completion NEE  E SYSTEMS, INC.  te assignee category or categor e enclosed:  small entity discount permitte of Copies 3	E PRINTED ON THelow, no assignee da of this form is NOT a  (B) I  Meries (will not be print  4b. F  XX  Ed)  XX  D	listed, no name was the part of the will appear on a substitute for filing RESIDENCE: (Clark Grant Control of the part of the	or type) the patent. If an assigng an assignment.  TY and STATE OR CO E, MINNESOTA Individual XXC amount of the fee(s) is edit card. Form PTO-203 hereby authorized by umber 18-1648	Corporation or other private granclosed.  8 is attached.  charge the required fee(s), or (enclose an extra of	credit any overpayment, copy of this form).
Number is required.  3. ASSIGNEE NAME AN PLEASE NOTE: Unles recordation as set forth  (A) NAME OF ASSIGNED LIFT  Please check the appropria  4a. The following fee(s) are the second sec	D RESIDENCE DATA TO E ss an assignee is identified be in 37 CFR 3.11. Completion NEE  E SYSTEMS, INC.  te assignee category or categor e enclosed:  small entity discount permitte of Copies 3  s (from status indicated above SMALL ENTITY status. See	The second of this form is NOT at this form is not	listed, no name was the PATENT (print that will appear on a substitute for fill RESIDENCE: (Clark Grant Country of the patent) Payment of Fee(s) A check in the Payment by cred The Director is Deposit Account No. 1 b. Applicant is on Fee (if any) or the payment of the patent is on Fee (if any) or the payment of the payment by cred The Director is Deposit Account No. 1 b. Applicant is on Fee (if any) or the payment of the patent is on Fee (if any) or the payment of the payment was the payment of th	or type) the patent. If an assignment.  TY and STATE OR CO E, MINNESOTA Individual XXC amount of the fee(s) is edit card. Form PTO-203 hereby authorized by ano longer claiming SMA	DUNTRY) Corporation or other private granclosed. 8 is attached.	document has been filed for the following forms overpayment, copy of this form).
Please check the appropria  A. Assigned Lift  Please check the appropria  A. The following fee(s) are Advance Order - # and Advance Order - # and Advance Order - # and Advance Of the USPTO NOTE: The Issue Fee and The Director of the USPTO NOTE: T	D RESIDENCE DATA TO E ss an assignee is identified b in 37 CFR 3.11. Completion  NEE  E SYSTEMS, INC.  te assignee category or categor e enclosed:  small entity discount permitte of Copies 3  s (from status indicated above SMALL ENTITY status. See D is requested to apply the lsss Publication Fee (if required)	The second of this form is NOT at this form is not	listed, no name was the PATENT (print that will appear on a substitute for fill RESIDENCE: (Clark Grant Country of the patent) Payment of Fee(s) A check in the Payment by cred The Director is Deposit Account No. 1 b. Applicant is on Fee (if any) or the payment of the patent is on Fee (if any) or the payment of the payment by cred The Director is Deposit Account No. 1 b. Applicant is on Fee (if any) or the payment of the patent is on Fee (if any) or the payment of the payment was the payment of th	or type) the patent. If an assignment.  TY and STATE OR CO E, MINNESOTA Individual XXC amount of the fee(s) is edit card. Form PTO-203 hereby authorized by ano longer claiming SMA	Corporation or other private granclosed. 8 is attached. charge the required fee(s), or (enclose an extra contact the contact that the contact the contact that	document has been filed from the coup entity Government Government, copy of this form).

an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.14. This collection is estimated to take 12 minutes to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, Virginia 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, Virginia 22313-1450.

Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number.